

General

Title

Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure uses survey data to assess the percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.

This measure is collected by Centers for Medicare & Medicaid Services (CMS) using the Medicare CAHPS

Survey (Medicare).

Rationale

This measure looks at how well organizations help protect America's seniors from potentially life-threatening influenza outbreaks.

Influenza accounts for 10,000 to 40,000 or more deaths each year in the United States (U.S.) (Harper et al., 2005). Older adults are at high risk for developing serious infections (such as pneumonia) following the flu. For this reason, experts recommend that all adults over 65 receive a flu vaccination every year to reduce the risk of developing serious complications if they become infected. Vaccination programs against influenza have been shown to reduce the incidence of illness and death and are cost-effective, as well.

The Advisory Committee on Immunization Practices (ACIP), the American College of Physicians (ACP) and the Infectious Diseases Society of America recommend yearly influenza vaccination for adults 65 and older to protect against infection and reduce the risk of complications from infection (ACP Task Force on Adult Immunization and Infectious Diseases Society, 1994; Barker & Mullooly, 1980).

Specifications for this measure are consistent with current ACIP recommendations (Harper et al., 2005).

Evidence for Rationale

American College of Physicians Task Force on Adult Immunization and Infectious Diseases Society. Guides for adult immunization. 3rd ed. Philadelphia (PA): American College of Physicians; 1994.

Barker WH, Mullooly JP. Impact of epidemic type A influenza in a defined adult population. Am J Epidemiol. 1980 Dec;112(6):798-811. [121 references] [PubMed](#)

Harper SA, Fukuda K, Uyeki TM, Cox NJ, Bridges CB. Prevention and control of influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2005 Jul 29;54(RR-8):1-40. [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Influenza; vaccination

Denominator Description

The number of eligible members who responded "Yes" or "No" to the question, "Have you had a flu shot since July 1, YYYY?" (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of members in the denominator who responded "Yes" to the question, "Have you had a flu shot since July 1, YYYY?" (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Influenza (flu) is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death (Centers for Disease Control and Prevention [CDC], "Seasonal," 2013). The flu vaccine is recommended for all adults; vaccinations can reduce flu-related hospitalizations by 71 percent (Flu.gov, n.d.; Talbot et al., 2013).
- In 2010 there were 25 million cases of influenza in the United States (8.1 percent of the total population). The annual economic costs are \$29.12 billion (Mao et al., 2012).
- About 90 percent of annual, seasonal flu-related deaths occur in people 65 years of age and older (CDC, "What you," 2013).
- The best protection against flu is to get the annual flu vaccine. Vaccination can prevent many hospitalizations, save thousands of lives and contribute to significant cost savings.

Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). Seasonal influenza: flu basics. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013.

Centers for Disease Control and Prevention (CDC). What you should know and do this flu season if you are 65 years and older. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013 [accessed 2014 Jun 19].

Flu.gov. Vaccination and vaccine safety. [internet]. Washington (DC): U.S. Department of Health & Human Services; [accessed 2014 Jun 19].

Mao L, Yang Y, Qiu Y, Yang Y. Annual economic impacts of seasonal influenza on US counties: spatial heterogeneity and patterns. Int J Health Geogr. 2012;11:16. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

Talbot HK, Zhu Y, Chen Q, Williams JV, Thompson MG, Griffin MR. Effectiveness of influenza vaccine for preventing laboratory-confirmed influenza hospitalizations in adults, 2011-2012 influenza season. Clin Infect Dis. 2013 Jun;56(12):1774-7. [PubMed](#)

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for

Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of eligible members who responded "Yes" or "No" to the question, "Have you had a flu shot

since July 1, YYYY?"*

Note: *Eligible Population*: Medicare members age 65 years and older as of January 1 of the measurement year who were continuously enrolled for 6 months prior to the Centers for Medicare & Medicaid Services (CMS) administration of the survey with no gaps in enrollment and currently enrolled at the time the survey is completed.

*YYYY = the measurement year (2015 for the survey fielded in 2016)

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of members in the denominator who responded "Yes" to the question, "Have you had a flu shot since July 1, YYYY?"*

*YYYY = the measurement year (2015 for the survey fielded in 2016)

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Medicare CAHPS Survey

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Flu vaccinations for adults ages 65 and older (FVO).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through CAHPS Health Plan Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed

of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Dec 23

Adaptation

This measure is collected, calculated and reported by the Centers for Medicare & Medicaid Services (CMS) using the Medicare version of the CAHPS survey (Medicare CAHPS survey).

CAHPS 5.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance

(NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015.

Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

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This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008.

This NQMC summary was updated by ECRI Institute on March 20, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on April 30, 2010, May 25, 2011, November 26, 2012, June 11, 2013, April 4, 2014, May 12, 2015, and again on February 19, 2016.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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